

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

April 3, 1996

ALL COUNTY LETTER NO. 96- 13

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- [] State Law Change
[X] Federal Law or Regulation
 Change
[] Court Order
[] Clarification Requested by
 One or More Counties
[] Initiated by CDSS

SUBJECT: 2.3% GRANT REDUCTION AND EXEMPTIONS FROM PAST REDUCTIONS

REFERENCE: EAS 44-115.3, 44-207.113, 44-315.311, 44-402.1 and 89-110.2

Introduction

This letter provides implementation instructions for proposed emergency regulations reducing the Maximum Aid Payment (MAP) amount used in cash assistance programs statewide by 2.3% and exempting certain Assistance Units (AUs) from this and other past MAP reductions. The phrase "cash assistance programs" refers to the Aid to Families with Dependent Children (AFDC-FG and AFDC-U) and Refugee Cash Assistance (RCA) programs. Reductions do not apply to the AFDC-Foster Care program.

The 2.3% reduction was originally implemented effective September 1, 1994 and subsequently enjoined under the Welch v. Anderson court order (see All-County Letter 94-58).

Under the provisions of the new regulations, AUs are designated as Exempt or Nonexempt. Exempt AUs will be paid based on the MAP levels in effect in July 1992. Nonexempt AUs will be paid based on the current levels with the 2.3% reduction.

The new MAP amounts and exemption standards become effective on June 1, 1996 for both new applications and ongoing cases. This letter includes:

- A discussion of the regulations, including implementation instructions and instructions on computer listings and aid codes (ATTACHMENT 1).
- A copy of the proposed regulations (ATTACHMENT 2).
- A copy of the required mass informer stuffer (ATTACHMENT 3).
- Copies of the applicable Notices of Action (NOAs - ATTACHMENT 4).
- A summary of the changes in MAP amounts in tabular form (ATTACHMENT 5).



Mass Informing Stuffer

A mass informing stuffer (TEMP 2116 - ATTACHMENT 3) to provide information about the changes in MAP amounts and the implementation of the new exemption standards is included in this package. This required stuffer shall be used as an advance alert to recipients. It instructs recipients to contact their workers if they believe they meet exemption standards.

The TEMP 2116 includes the State's toll-free number. Those calling the number will hear a taped message in both English and Spanish regarding the changes. The stuffer can be sent with the warrants, Monthly Eligibility Reports (CA 7/SAWS 7), NOAs, etc., or by separate mailing.

Cash Aid Notices of Action (NOAs)

ATTACHMENT 4 contains the applicable NOAs in English and Spanish required for changes in grant amount for affected AFDC and RCA recipients. The English language version of the NOA denying an applicant/recipient's request for Exempt status is attached. The Spanish version of this denial NOA will be available at a later date upon request through the California Department of Social Services (CDSS) Language Services Bureau. Implementation instructions for these NOAs are included.

Translated Forms and NOAs

Copies of the TEMP 2116 in English and Spanish are attached. Upon county request, the CDSS Forms Management Unit will supply camera-ready copies of the TEMP 2116 in English and Spanish. Upon county request, the CDSS Language Services Bureau will send camera-ready copies of all forms as translated into Cambodian, Vietnamese and Chinese to the applicable County Forms Coordinator. These translations will be available approximately 30 days from the date of this letter. Additionally, the CDSS Language Services Bureau will send camera-ready copies of the NOAs in Spanish upon request.

Food Stamps

Adjustments in Food Stamp benefits resulting from the cash aid changes are considered a mass change as provided for in MPP 63-504.392. The mass informing stuffer (ATTACHMENT 3) contains the information necessary to advise Food Stamp recipients of benefit changes. An Individual Notice of Change (DFA 377.4) is not required if the sole reason for a change in benefits is the MAP change itself.

California Work Pays Demonstration Project (CWPDP) Research Counties (Alameda, San Joaquin, San Bernardino and Los Angeles)

Cases assigned to experimental status will be subject to the cash aid changes. Cases in control status will not be subject to the changes and will continue to be paid based on the July 1992 MAP levels. It is recommended that the mass informing stuffer not be sent to cases in control status. However, if this is not possible, the county may add the following language to the stuffer:

"If you are a member of the control group of the California Work Pays Demonstration Project, these changes don't apply to you."

Contacts

If you have questions regarding this letter, please contact the following:

Subject	Contact Person	Phone
Regulations	Jim Lucas	(916) 654-1059 or CALNET 464-1059
Implementation	Jim Lucas	(916) 654-1059 or CALNET 464-1059
	Anna Chambers	(916) 654-1077 or CALNET 464-1077
Mass Change Stuffer	Arlene Jamar	(916) 657-2314 or CALNET 467-2314
AFDC NOAs	Pam Kian	(916) 654-1801 or CALNET 464-1801
Camera-ready copies of TEMP 2116 in English and Spanish	CDSS Forms Management Unit	(916) 657-1907 or CALNET 437-1907
Translations and camera-ready copies in Asian languages	CDSS Language Services Bureau	(916) 654-1282 or CALNET 464-1282
Food Stamps	Melissa Buchanan	(916) 654-8467 or CALNET 464-8467
Demonstration Projects	Leslie Raderman	(916) 657-2357 or CALNET 437-2357

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

ATTACHMENT 1 - Summary of Regulation Changes and Implementation Instructions

Summary of Regulations

Rule

Exempt AUs get the Exempt AU MAP. Nonexempt AUs get the Nonexempt AU MAP. There is no change to MBSAC amounts.

AUs With Aided Children

AUs including aided children are considered to be Exempt AUs if each and every parent and/or caretaker relative of the aided children who lives in the children's home meets at least one of the qualifying conditions.

AUs Without Aided Children

Some AUs without aided children included can also be Exempt.

An AU consisting of parent(s)/caretaker relative(s) receiving aid because of an unaided excluded child (e.g., a child who receives SSI/SSP or a child who has been sanctioned by GAIN) can be Exempt if the parent(s)/caretaker(s) meet at least one of the qualifying conditions.

An AU consisting of caretaker relative(s) receiving aid because of an AFDC-FC child can be Exempt if the caretaker(s) meet at least one of the qualifying conditions.

A Pregnant Woman Only (PWO) AU can be Exempt if the woman meets at least one of the qualifying conditions. The father of the unborn living in the home is not considered when determining whether the PWO AU is Exempt or not.

An RCA AU can be Exempt if all adult(s) meet at least one of the qualifying conditions (i.e., the RCA population is exempted using the same standards as the AFDC population).

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Summary of Regulations (cont.)

Qualifying Conditions

The qualifying conditions are:

- Receiving Supplemental Security Income/State Supplemental Payments (SSI/SSP), In-home Supportive Services (IHSS), State Disability Benefits (SDI) or Temporary Worker's Compensation (TWC - or Temporary Disability Indemnity - TDI) benefits.
- Being an unaided, non-parent caretaker relative.
- Having been determined to be incapable of working using the standards used for an AFDC incapacitated parent or a GAIN-exempt person due to illness, injury or incapacity.
- Being under age 19 and enrolled in a program which will lead to a high school diploma or the equivalent.

Minor Parents, Stepparents and Pregnant Woman

For purposes of applying the rule:

- A minor parent is considered a parent, even if aided as an eligible child.
- An aided stepparent must meet one of the qualifying conditions in order for the AU to be an Exempt AU. An unaided stepparent is not considered.
- A pregnant woman is not considered a parent based on pregnancy alone (i.e., a pregnant woman in an existing AU should not be considered to be a parent unless she has existing children). As indicated, a Pregnant Woman Only (PWO) AU can be Exempt if the woman meets at least one of the qualifying conditions.

CWD Review Requirements

The CWD is required to review for Exempt AU status when the Monthly Eligibility Report is processed, at initial application, when a request is received to add a person to the AU, when a parent or caretaker relative declares that the AU qualifies for Exempt status or when the AU reports a possible change of status.

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When an AU is an Exempt AU

An AU is an Exempt AU if the AU both meets the criteria of the rule and is also eligible for AFDC/RCA during any part of a month after application is made. However, when exempt status is based solely on a request for review by the AU (rather than on a status known to the CWD), the first month of Exempt status cannot precede the month of request. When the AU is both Exempt for part of a month and Nonexempt for part of a month, the AU is nonetheless considered Exempt for the entire month.

Budgeting of AU Exemption Status

The CWD shall use the Exempt AU MAP or Nonexempt AU MAP prospectively during prospectively-budgeted months. For retrospectively-budgeted months, the MAP used for the payment month shall correspond with the AU status in the budget month. However, for the third and fourth payment months, when a status existing in the first or second payment month has not been continuous from that month, the concurrent exemption status is used.

Computer Listings and New Aid Codes

Computer-generated listings showing potential SSI/SSP households, recipients of SDI and recipients of IHSS will be forwarded to counties in early April. The information has been provided in the format previously requested by counties during planning related to the Beno court case in 1995. Please return any tapes or cartridges upon which data is provided to you. Return instructions are shown in the memo accompanying the data.

Two new aid codes have been established for Exempt AUs. These codes are contained in the listing sent to county contacts in California Department of Health Services (CDHS) ACWDL Information Letter I-95-13, dated 07/12/95. Claiming for these aid codes is the same as for the parent aid codes (i.e., aid codes "35" and "30"). Please address claiming questions to the CDSS Fiscal Policy Bureau. The codes are:

- **3P** indicates an Exempt AFDC-U AU.
- **3R** indicates an Exempt AFDC-FG AU.

State Hearings

When a county appeals offices receives a request for a State Hearing involving the 2.3% MAP reductions and the applicant/recipient claims to be a member of an Exempt AU, the county should assign the matter to a County Appeals Representative/Specialist for immediate follow-up action.

- If it is verified that the AU qualifies for Exempt status, a conditional withdrawal should be obtained and the case referred to the Eligibility Worker for action.
- If it determined that the AU does not qualify for Exempt status, the Appeals Representative/Specialist should attempt to resolve the situation as usual.
- If resolution is not possible, the County Appeals Representative should submit the matter to the CDSS Administrative Adjudications Division (AAD) for hearing as usual. The referral should be annotated to indicate the issue so that the CDSS-AAD can review for possible dismissal without a State Hearing as provided in MPP Section 22-054.4.

Implementation Instructions

The new MAP amounts and the new exemption standards become effective on June 1, 1996. Counties must make appropriate changes in status for cases in which exempt status is known to the county. For example, cases whose aid is paid under incapacitated parent deprivation should be reviewed, as should cases receiving disability-based income. The county must also process requests for Exempt status. For example, a parent currently receiving aid under absent parent deprivation may request Exempt status due to a temporary disability.

When a parent or caretaker relative requests review of AU status, the CWD shall make a determination of whether or not the AU meets Exempt status.

- If the AU meets Exempt standards, the CWD processes the case for Exempt status.
- If the AU does not meet Exempt standards, the CWD sends a NOA showing the results of the determination. This NOA is shown in ATTACHMENT 4.

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Counties shall apply the new standards as follows:

IF	AND	THEN
Application	Taken on or after 06/01/96	Use new standards and MAPs for eligibility and payment.
	Pending on 06/01/96	Use new standards and MAPs for eligibility and payment effective on or after 06/01/96. Use the current standards for eligibility and payment effective prior to that date.
Add person request	Made on or after 06/01/96	Use new standards and MAPs for eligibility and payment.
	Pending on 06/01/96	Use new standards and MAPs for eligibility and payment effective on or after 06/01/96. Use the current standards for eligibility and payment effective prior to that date.
Continuing case	Nonexempt during 06/96	Use Nonexempt MAP for eligibility and payment for 06/96 and 07/96. Make changes retrospectively.
	Exempt during 06/96	Use Exempt MAP for eligibility and payment for 06/96 and 07/96. Make changes retrospectively.

Examples

Application Example 1

Application 06/10/96. 06/96 is the implementation month.

	Month 1	Month 2	Month 3	Month 4
Mo/Yr ">>>>	06/96	07/96	08/96	09/96
Budgeting Method ">>>>	Prospective	Prospective	Retrospective from Month 1	Retrospective from Month 2
Actual Status ">>>>	Exempt	Exempt (status ends)	Nonexempt	Nonexempt
MAP Used ">>>>	Exempt MAP	Exempt MAP	Nonexempt MAP (use concurrent status - status not continuous from Month 1)	Nonexempt MAP (use concurrent status - status not continuous from Month 2)

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Examples (cont.)

Application Example 2

Application taken 05/10/96. Immediate Need paid in 05/96. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
05/96	06/96	07/96	08/96
Prospective	Prospective	Retrospective from Month 1	Retrospective from Month 2
Met Exempt standards	Exempt	Exempt	Exempt
MAP before implementation	Exempt MAP	Exempt MAP (Exempt in 06/96)	Exempt MAP (from Month 2)

Application Example 3

Application taken 05/10/96. Immediate Need paid in 05/96. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
05/96	06/96	07/96	08/96
Prospective	Prospective	Retrospective from Month 1	Retrospective from Month 2
Met Exempt standards (status ends)	Nonexempt	Nonexempt	Nonexempt
MAP before implementation	Nonexempt MAP	Nonexempt MAP (Nonexempt in 06/96)	Nonexempt MAP (from Month 2)

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Examples (*cont.*)

Application Example 4

Application taken 05/10/96. Immediate Need paid in 05/96. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
05/96	06/96	07/96	08/96
Prospective	Prospective	Retrospective from Month 1	Retrospective from Month 2
Nonexempt	Exempt (status begins)	Exempt	Exempt
MAP before implementation	Exempt MAP	Exempt MAP (Exempt in 06/96)	Exempt MAP (from Month 2)

Add Person Example 1

Request 06/10/96 to add parent to Exempt AU. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
06/96	07/96	08/96	09/96
Prospective (person) Retrospective (AU)	Prospective (person) Retrospective (AU)	Retrospective from Month 1	Retrospective from Month 2
Exempt (status ends)	Nonexempt	Nonexempt	Nonexempt
Exempt MAP (implementation month)	Exempt MAP (Exempt in 06/96)	Exempt MAP (Exempt in 06/96)	Nonexempt MAP (changes made retrospectively from first month of new status)

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Examples (cont.)

Add Person Example 2

Change of needy or non-needy caretaker 06/10/96 in Nonexempt AU. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
06/96	07/96	08/96	09/96
Prospective (person) Retrospective (AU)	Prospective (person) Restrospective (AU)	Retrospective from Month 1	Retrospective from Month 2
Exempt (status begins)	Exempt	Exempt	Exempt
Exempt MAP (implementation month)	Exempt MAP (Exempt in 06/96)	Exempt MAP (retrospectively from first month of new status)	Exempt MAP

Add Person Example 3

Request 05/10/96 to add parent to an AU that meets exemption criteria. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
05/96	06/96	07/96	08/96
Prospective (person) Retrospective (AU)	Prospective (person) Restrospective (AU)	Retrospective from Month 1	Retrospective from Month 2
Met Exempt standards (status ends)	Nonexempt	Nonexempt	Nonexempt
MAP before implementation	Nonexempt MAP (implementation month)	Nonexempt MAP (Nonexempt in 06/96)	Nonexempt MAP (retrospectively from first month of new status)

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Examples (cont.)

Continuing Case Example 1

Continuing case in retrospective budgeting at implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
06/96	07/96	08/96	09/96
Retrospective	Restrospective	Retrospective from Month 1	Retrospective from Month 2
Exempt	Exempt	Exempt	Exempt
Exempt MAP (implementation month)	Exempt MAP (Exempt in 06/96)	Exempt MAP	Exempt MAP

Continuing Case Example 2

Continuing case in retrospective budgeting at implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
06/96	07/96	08/96	09/96
Retrospective	Restrospective	Retrospective from Month 1	Retrospective from Month 2
Exempt (status ends)	Nonexempt	Nonexempt	Nonexempt
Exempt MAP (implementation month)	Exempt MAP (Exempt in 06/96)	Exempt MAP	Nonexempt MAP (retrospectively from first month of new status)

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Examples (cont.)

Continuing Case Example 3

Continuing case in retrospective budgeting at implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
06/96	07/96	08/96	09/96
Retrospective	Restrospective	Retrospective from Month 1	Retrospective from Month 2
Nonexempt	Exempt (status begins)	Exempt	Exempt
Nonexempt MAP (implementation month)	Nonexempt MAP (Nonexempt in 06/96)	Nonexempt MAP	Exempt MAP (retrospectively from first month of new status)

Continuing Case Example 4

Continuing case in retrospective budgeting after implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4
08/96	09/96	010/96	11/96
Retrospective	Restrospective	Retrospective from Month 1	Retrospective from Month 2
Exempt (status begins and ends)	Nonexempt	Nonexempt	Nonexempt
Nonexempt MAP (from budget month status)	Nonexempt MAP (from budget month status)	Exempt MAP (retrospectively from month of new status)	Nonexempt MAP (retrospectively from month of new status)

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Examples (cont.)

Continuing Case Example 5

Continuing case in retrospective budgeting after implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
08/96	09/96	10/96	11/96	12/96	01/97
Retrospective					
Exempt (status* begins but is not reported)	Exempt	Exempt (status reported and request made)	Exempt (status verified as existing in month of request)	Exempt	Exempt
Nonexempt MAP (from budget month status)	Nonexempt MAP (from budget month status)	Nonexempt MAP	Nonexempt MAP	Exempt MAP (retrospectively from month of request)	Exempt MAP

* Exempt status based on disability not known to CWD.

Continuing Case Example 6

Continuing case in retrospective budgeting after implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
08/96	09/96	10/96	11/96	12/96	01/97
Retrospective					
Exempt (status* begins but is not reported)	Exempt	Exempt (status discovered and verified)	Exempt	Exempt	Exempt
Nonexempt MAP (from budget month status)	Nonexempt MAP	Exempt MAP (changes made retrospectively - compute overpayment or underpayment)	Exempt MAP (compute overpayment or underpayment)	Exempt MAP	Exempt MAP

* Status based on receipt of income.

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Examples (cont.)

Continuing Case Example 7

Continuing case in retrospective budgeting after implementation. 06/96 is the implementation month.

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
08/96	09/96	10/96	11/96	12/96	01/97
Retrospective					
Exempt (status ends but is not reported)	Nonexempt	Nonexempt (status discovered)	Nonexempt	Nonexempt	Nonexempt
Exempt MAP (from budget month status)	Exempt MAP (from budget month status)	Exempt MAP	Nonexempt MAP (changes made retrospectively - compute overpayment)	Nonexempt MAP	Nonexempt MAP

ATTACHMENT 2 - Draft Regulations

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Delete Handbook Section 44-207.113(b) and amend Section 44-207.113(a) to read:

44-207 INCOME ELIGIBILITY

44-207

This chapter shall be applied to new cases as well as continuing cases each month.

.1 General

.111 through .112 (Continued)

.113 (Continued)

HANDBOOK BEGINS HERE

(a) Effective July 1/ 1993, the amount of 185% of the MBSAC shall be as follows:

Size of FBU	185% of Minimum Basic Standard Adequate Care
1	\$ 662
2	\$1,087
3	\$1,330
4	\$1,602
5	\$1,827
6	\$2,055
7	\$2,287
8	\$2,438
9	\$2,683
10	\$2,895

(b) Below are the 185% of MBSAC amounts for recipients designated as APP participants in the counties of Alameda, San Bernardino, and San Joaquin (see Section 89702/21)

Size of FBU	185% of Minimum Basic Standard Adequate Care
1	\$ 630
2	\$1,048
3	\$1,300
4	\$1,542
5	\$1,781
6	\$2,019
7	\$2,173
8	\$2,369
9	\$2,567
10	\$2,789

See Section 44-315.311 for current 185% of MBSAC amounts.

Authority Cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11157, 11255, and 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(2)(xiii) and (3)(ii)(F), (vi)(B), and (XIV); and Darces v. Woods, 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgement; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; Letter from the Department of Health and Human Services, Administration for Children and Families dated February 29, 1996.

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Amend Handbook Sections 44-315.311 and .38 to read:

44-315 AMOUNT OF AID (Continued)

44-315

.3 Amount of Grant

.31 MBSAC (Continued)

HANDBOOK BEGINS HERE

.311 MBSAC and MAP Levels

(a) Effective July 1/ 1993, the MBSAC and MAP levels established in Welfare and Institutions Code Sections 11430 and 11432 are:

SIZE OF AV	MBSAC	MAP
1	\$ 188	\$ 299
2	388	490
3	730	807
4	888	723
5	988	824
6	1,111	926
7	1,220	1,017
8	1,329	1,108
9	1,441	1,197
10	1,563	1,286

For MBSAC add fourteen dollars (\$14) for each additional needy person.

NOTE: The MAP levels reflected above have been in effect since September 1/ 1993 because the Welch v/ Anderson court decision rescinded the reductions that were scheduled for September 1/ 1994.

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MBSAC/MAP STANDARDS EFFECTIVE 06/01/76

# in AU	185% of MBSAC	MBSAC	MAP*		80% of MAP*	
			Non Exempt	Exempt	Non Exempt	Exempt
1	662	358	293	326	234	260
2	1087	588	479	535	383	428
3	1350	730	594	663	475	530
4	1602	866	707	788	565	630
5	1827	988	806	899	644	719
6	2055	1111	905	1010	724	808
7	2257	1220	994	1109	795	887
8	2458	1329	1083	1209	866	967
9	2665	1441	1170	1306	936	1044
10 or more**	2895	1565	1257	1403	1005	1122

* See MPP Section 89-110.2 for definition of Exempt and Nonexempt AUs.

** For MBSAC add fourteen dollars (\$14) for each additional needy person.

(b) NOTE: Below are the MBSAC and MAP amounts for recipients designated as APPP control group participants in the counties of Alameda, Los Angeles, San Bernardino and San Joaquin (see Section 89-101/2Y).

SIZE OF AU	MBSAC	MAP
1	\$ 345	\$ 326
2	387	333
3	703	663
4	834	788
5	952	899
6	1,070	1,010
7	1,173	1,109
8	1,281	1,209
9	1,388	1,308
10 or more	1,508	1,408

* For MBSAC add fourteen dollars (\$14) for each additional needy person

MBSAC/MAP STANDARDS FOR CWPDP CONTROL GROUP*

# in AU	185% of MBSAC	MBSAC	MAP	80% of MAP
1	638	345	326	260
2	1048	567	535	428
3	1300	703	663	530
4	1542	834	788	630
5	1761	952	899	719
6	1979	1070	1010	808
7	2173	1175	1109	887
8	2369	1281	1209	967
9	2567	1388	1306	1044
10 or more **	2789	1508	1403	1122

* Applies to recipients designated as CWPDP Control Group participants in Alameda, Los Angeles, San Bernardino and San Joaquin counties (see Section 89-101.2).

** For MBSAC, add fourteen dollars (\$14) for each additional needy person.

HANDBOOK ENDS HERE

.32 through .37 (Continued)

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HANDBOOK BEGINS HERE

.38 Computation Examples/

Computation #1 Factors

An AV has net nonexempt income in the amount of \$23. The AV has special needs in the amount of \$10. Assume the MBSAC for the AV is \$824 and the MAP for the AV is \$788.

Computation #1

\$824
+ 10
\$834
+ 23
/ / /
\$859

MBSAC for 4
Special Need Amount
MBSAC + Special Need
Net Nonexempt Income

POTENTIAL GRANT

\$788
+ 10
/ / /
\$798

MAP for 4
Special Need Amount

MAP + Special Need

\$798
X \$809

MAP for 4
Potential Grant is more than MAP +
Special Need

\$798

GRANT AMOUNT

Computation #2 Factors

The AV consists of 3 adults. The AV has net nonexempt income in the amount of \$943. The AV has special needs in the amount of \$20. Assume that the MBSAC for the AV is \$940 and the MAP for the AV is \$899.

Computation #2

\$940
+ 20
\$960
+ 943
/ / /
\$ 13

MBSAC for 4
Special Need Amount
MBSAC + Special Need
Net Nonexempt Income

POTENTIAL GRANT

$ \begin{array}{r} \$866 \\ + 20 \\ \hline \$886 \end{array} $	MAP for 4 Special Need Amount $ \begin{array}{r} \$886 \\ - 10 \\ \hline \$876 \end{array} $
	MAP + Special Need
	$ \begin{array}{r} \$788 \\ - \$ 10 \\ \hline \$778 \end{array} $
	MAP for 4 Potential Grant is More than MAP + Special Need
	$\$ 10$ GRANT AMOUNT

Example 1

A nonexempt AU of 4 persons has net nonexempt income (net countable income) of \$25 and special needs of \$10. The MBSAC (Basic Need) for the AU is \$866 and MAP (Maximum Aid Payment) is \$707.

The computation is shown below (it parallels the Notice of Action format):

1.	<u>Basic Need for 4 Persons</u>	<u>\$ 866</u>
2.	<u>Special Needs</u>	<u>+ 10</u>
3.	<u>Net Countable Income</u>	<u>- 25</u>
4.	<u>Basic Need Subtotal</u>	<u>= 851</u>
5.	<u>Maximum Aid for 4 Persons</u>	<u>\$ 707</u>
6.	<u>Special Needs</u>	<u>+ 10</u>
7.	<u>Maximum Aid Subtotal</u>	<u>= 717</u>
8.	<u>Full Month Aid Subtotal</u> (Lower Amount on Line 4 or 7)	<u>= 717</u>

Example 2

An exempt AU of 4 persons has net nonexempt income (net countable income) of \$625 and special needs of \$10. The MBSAC (Basic Need) for the AU is \$866 and MAP (Maximum Aid Payment) is \$788.

The computation is shown below (it parallels the Notice of Action format):

1.	<u>Basic Need for 4 Persons</u>	<u>\$ 866</u>
2.	<u>Special Needs</u>	<u>+ 10</u>
3.	<u>Net Countable Income</u>	<u>- 625</u>
4.	<u>Basic Need Subtotal</u>	<u>= 251</u>
5.	<u>Maximum Aid Payment for 4 Persons</u>	<u>\$ 788</u>
6.	<u>Special Needs</u>	<u>+ 10</u>
7.	<u>Maximum Aid Payment Subtotal</u>	<u>= 798</u>
8.	<u>Full Month Aid Subtotal</u> (Lower Amount on Line 4 or 7)	<u>= 251</u>

HANDBOOK ENDS HERE

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Authority Cited: Sections 10553, 10554, 11209, 11450, 11450(g), and 11453, Welfare and Institutions Code.

Reference: Sections 11017, 11450, 11450.01, 11450.015, 11450.03, 11452, and 11453, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Letter from the Department of Health and Human Services, Administration for Children and Families dated February 29, 1996.

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44-4-2

Amend Handbook Sections 44-402.11 and .12 to read:

44-402 COMPUTATION OF A REDUCED INCOME SUPPLEMENTAL PAYMENT

.1 (Continued)

HANDBOOK BEGINS HERE

.11

*80% of MAP Level/
Effective September 1, 1993*

SIZE OF AU	80% OF MAXIMUM AID PAYMENT
1	\$ 239
2	392
3	483
4	578
5	659
6	740
7	813
8	886
9	957
10 OR MORE	1,028

See Section 44-315.311 for the current 80% of MAP amounts.

.12 Below are the 80% of MAP amounts for recipients designated as APP control group participants in the counties of Alameda/ Los Angeles/ San Bernardino/ and San Joaquin (see Section 89-101.2).

SIZE OF AU	80% OF MAXIMUM AID PAYMENT
1	\$ 260
2	428
3	530
4	630
5	719
6	808
7	887
8	967
9	1,044
10	1,122

See Section 44-315.311 for current 80% of MAP amounts for recipients designated as CWPDP Control Group participants in Alameda, Los Angeles, San Bernardino and San Joaquin Counties (see Section 89-101.2).

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 11017, 11255, 11450, 11450.015, and 11450.2, Welfare and Institutions Code; 45 CFR 237.27; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Letter from the Department of Health and Human Services, Administration for Children and Families dated February 29, 1996.

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Adopt Section 89-110.2 to read:

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION

89-110

.1 (Continued)

.2 Exempt and Nonexempt AUs

The CWD shall determine whether an AU is an Exempt or Nonexempt AU for purposes of the MAP amounts specified in Section 44-315.311 by using the rules in this section.

.21 Rule

An Exempt AU is one in which the following persons meet at least one of the conditions listed in Sections 89-110.22 through .24.

.211 Parent/
Rela-
tive

Each parent, aided stepparent, and/or caretaker relative of a child who lives in the home of the aided child; or

.212 Aided
Parent
of
Unaided
Child

Each parent receiving aid because of an unaided excluded child; or

.213 Pregnant
Woman
Only

The pregnant woman in an AU consisting of the woman only; or

.214 RCA AU

Each adult in a Refugee Cash Assistance AU.

.22 Receives
Benefits

Receives at least one of the following:

.221 SSI/SSP

Supplemental Security Income/State Supplemental Payments (SSI/SSP); or

.222 IHSS

In-Home Supportive Services (IHSS); or

.223 SDI

State Disability Insurance (SDI); or

.224 TWC

Temporary Worker's Compensation (TWC - Temporary Disability Indemnity - TDI);

.23 Unaided
Non-parent
Caretaker

Is an unaided, non-parent caretaker relative;

.24 Determinations

Has been determined to:

.241 Incapacity

Meet the AFDC standards for incapacity deprivation as specified in Section 41-430.2; or

<u>.242</u>	<u>GAIN-Exempt</u>	Meet the standards for exemptions due to illness or injury as specified in Section 42-791 or incapacity as specified in Section 42-793.
<u>.243</u>	<u>Student Under Age 19</u>	Have not yet reached the age of 19 and be enrolled in a program that will lead to a high school diploma or its equivalent.
<u>.25</u>	<u>Minor Parents and Pregnant Women</u>	For purposes of Section 89-110.21:
	<u>.251 Minor Parent</u>	A minor parent aided as an eligible child is considered to be a parent.
	<u>.252 Pregnant Woman</u>	A pregnant woman is not considered to be a parent based on pregnancy alone.
<u>.26</u>	<u>Review of AU Exemption Status</u>	The CWD shall review AU exemption status when:
	<u>.261 GAIN Exemption</u>	An AU member is determined exempt from GAIN due to illness, injury or incapacity
	<u>.262 Monthly Eligibility Report Received</u>	The CWD processes the Monthly Eligibility Report submitted by the AU
	<u>.263 Application or Add Person</u>	The AU makes an initial application, reapplication or requests that a parent or caretaker relative be added to the AU; and
	<u>.264 Request a Review or Report a Change</u>	A parent or caretaker relative of the eligible children requests review of AU status or reports a change applicable to the AU status.
<u>.27</u>	<u>Exempt AU Status</u>	The CWD shall consider that an AU is an Exempt AU when, on or after application for AFDC, the AU meets the rule in Section 89-110.21 and is also eligible for AFDC.
	<u>.271 If Exempt Status Results from Request for Review</u>	When Exempt AU status results from a request for review by the AU, the CWD shall not treat the AU as an Exempt AU for any month prior to the month of request.

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<u>.28</u>	<u>Use of Exempt AU MAP Amount</u>	The CWD shall use the Exempt AU or Nonexempt AU MAP in the budgeting process as follows:
<u>.281</u>	<u>During Prospective Budgeting</u>	<u>During prospectively budgeted months, the CWD shall use the MAP corresponding to the AU status in that month.</u>
<u>.282</u>	<u>During Retrospective Budgeting</u>	<u>During retrospective budgeted months, the CWD shall use the MAP corresponding to the AU status in the budget month. However, for the third and fourth payment period, when a status existing in the first or second payment period is not of a continuous nature, the concurrent exemption status shall be used.</u>
<u>.29</u>	<u>Change in Status</u>	<u>When the AU status changes between Exempt and Nonexempt, the CWD shall act as follows:</u>
<u>.291</u>	<u>Change from Nonexempt to Exempt During Prospective Budgeting</u>	<u>When the AU status changes from Nonexempt to Exempt during a prospectively-budgeted month, the CWD shall begin to use the Exempt AU MAP in the month of change.</u>
<u>.292</u>	<u>Change from Exempt to Nonexempt During Prospective Budgeting</u>	<u>When the AU status changes from Exempt to Nonexempt during a prospectively-budgeted month, the CWD shall use the Exempt AU MAP in the month of change and begin to use the Nonexempt AU MAP in any following prospectively-budgeted month.</u>
<u>.293</u>	<u>During Retrospective Budgeting</u>	<u>When the AU status changes during a retrospectively-budgeted month, the CWD shall change the MAP effective for the payment month when the first month of the new status is the corresponding budget month.</u>

HANDBOOK BEGINS HERE

Example 1 - Exempt AU - SDI Receipt and Incap Parent

The AU consists of two parents and two of their children. One parent receives SDI. The other parent has been determined to be an incapacitated parent as specified in Section 41-430.2. The CWD uses the Exempt AU MAP.

Example 2 - Exempt AU - Disabled PWO

The AU consists of a pregnant woman only. The woman has been determined disabled under the GAIN standards because of incapacity as specified in Section 42-793. The CWD uses the Exempt AU MAP.

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Example 3 - Exempt AU - Parent With SSI/SSP Child

The AU consists of mother receiving aid on the basis of an SSI/SSP child. The woman has been determined disabled under the GAIN standards because of incapacity as specified in Section 42-793. The CWD uses the Exempt AU MAP.

Example 4 - Exempt AU - Disabled RCA

The AU consists of one refugee adult receiving RCA. The adult has been determined to be disabled under the GAIN standards due to illness or injury as specified in Section 42-791.

Example 5 - Nonexempt AU - Minor Parent

The AU consists of a 17-year old parent who is aided as a child, the senior parent and the children of both the minor parent and the senior parent. The minor parent's parent receives SDI benefits, but the minor parent is not in school. The CWD uses the Nonexempt AU MAP.

Example 6 - Nonexempt AU - Aided Stepparent

The AU consists of a father, the father's children and an aided stepmother. The stepmother is pregnant, but is not the parent or caretaker relative of any of the aided children. The stepmother is not receiving any income and is able to work. The father receives SDI. Since the stepparent is an aided stepparent, the CWD uses the Nonexempt AU MAP.

Example 7 - Exempt AU - Unaided Stepparent

The AU consists of a mother, the mother's children and an unaided stepfather. The mother is incapacitated based on the AFDC incapacitated parent standards. The stepfather is not the parent or caretaker for any of the aided children. Since the stepparent is not an aided stepparent, the CWD uses the Exempt AU.

Example 8 - Nonexempt AU - Undocumented Alien Parent

The AU consists of a mother, the mother's children and an undocumented alien father. The mother receives SDI. The father is able to work. Since the father is a parent, the CWD uses the Nonexempt AU MAP.

Example 9 - Exemption Based on AU Request - Late Request

The AU consists of a parent and his/her child based on absent parent deprivation. The parent becomes temporarily disabled and unable to work in June, but does not report the fact to the CWD or otherwise request review of AU status. In November, the CWD conducts an annual redetermination and discovers that the condition still exists. The AU requests review and the CWD requests verification, which is supplied in December. The verification

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establishes that the condition existed as of June 10. Since the first month of Exempt AU status cannot precede the month in which the AU requested review, the first month of status is November. Since the AU was already using retrospective budgeting, the Exempt AU MAP begins in January, the payment month when the month of the change in status is the corresponding budget month.

Example 10 - Exemption Based on CWD Information - Late Discovery

The AU consists of a parent and his/her child based on absent parent deprivation. The parent begins receiving SDI in June and reports the income on the Monthly Eligibility Report submitted timely in July. The CWD does not begin to use the income or the new Exempt MAP for August payment month due to administrative error. In November, the CWD conducts an annual redetermination and discovers the mistake. At that time, the parent requests Exempt status. Since the Exempt status is based on a status known to the CWD (rather than solely on the parent's request for review), the CWD acts to process the case based on the actual report of income. Exempt status begins for the August payment month. The CWD recomputates the grant for overpayment or underpayment purposes.

Example 11 - Exempt AU - Initial Application

An initial application is made June 10 for an AU consisting of a parent and his/her child based on absent parent deprivation. The prospectively-budgeted application months are June and July. During June, the parent becomes temporarily disabled and unable to work. The CWD uses the Exempt AU MAP beginning in June and continues to use this MAP.

Example 12 - Transition to Retrospective Budgeting - Noncontinuous Status

An application is made July 12 for a Nonexempt AU consisting of a parent and his/her child based on absent parent deprivation. Prospectively-budgeted application months are July and August. The parent is temporarily disabled and unable to work during July, but medical verification establishes that the disability will end during August. The CWD uses the MAP for Exempt AUs for July and August. The CWD uses the Nonexempt AU MAP for September and October (Exempt status was not continuous from the budget months).

Example 13 - Person Add - Nonexempt to Exempt

An existing Nonexempt AU consists of a parent and his/her child based on absent parent deprivation. One June 10, the parent becomes temporarily disabled and verifies the disability. On June 12, a second parent joins the home. The second parent receives TDI benefits and is added to the AU effective June 12 using the current Nonexempt AU MAP. The income of the second parent is used prospectively for June and July. Deprivation changes to incapacitated parent and the AU becomes exempt. Since the AU was already using retrospective budgeting, the Exempt AU MAP begins in August, the payment month when the month of the new status is the corresponding budget month.

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Example 14 - Person Delete - Exempt to Nonexempt

An existing Exempt AU consists of a two parents and their child based on incapacitated parent deprivation. One parent is incapacitated and the other receives SDI. In June, the incapacitated parent leaves the home and the second parent stops receiving SDI. The AU becomes Nonexempt. The needs and income of the former parent are not used for July and continuing. However, since the AU was already using retrospective budgeting, the Exempt AU MAP continues for July and August. The Nonexempt AU MAP begins in September, the payment month when the first month of the new status is the corresponding budget month.

HANDBOOK ENDS HERE

.3 Reserved

.4 (Continued)

Authority cited: Sections 10553, 10554, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11450.01, 11450.015, and 11450.03, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Memorandum of Decision and Order in Green v. Anderson, (Civ. S-92-2118) dated January 28, 1993; Letter from the Department of Health and Human Services, Administration for Children and Families dated February 29, 1996.

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ATTACHMENT 3 - Mass Informing Stuffer

State Law Changes MAPs For Cash Aid Recipients

As of June 1, 1996, the Maximum Aid Payment (MAP) for most families will be lowered by 2.3%. Families can make up for the reduction by working a few hours a month at a minimum wage job.

Some families are exempt from the 2.3% cut and will get the higher MAP. (See the table on the right.) Families are exempt when each parent or caretaker relative of the aided child(ren) meets one of the following conditions:

- is a caretaker relative who is not aided and not a parent
- is getting Supplemental Security Income/ State Supplementary Program (SSI/SSP), or In-Home Supportive Services (IHSS), or Temporary Worker's Compensation (TWC), Temporary Disability Insurance (TDI), or State Disability Insurance (SDI)
- has been determined to be unable to work due to illness, injury or incapacity
- is under 19 and enrolled in a program that leads to a high school diploma or its equivalent

Also eligible for the higher MAP:

- a woman who gets aid because of pregnancy if she meets one of the conditions above
- a family who gets Refugee Cash Assistance (RCA) if each adult meets one of the conditions above

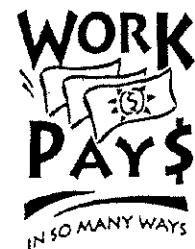
If each parent or caretaker relative meets one of these conditions, please tell your worker. If you are eligible for the higher MAP, and cash aid is your only income, you could get more money to meet your family's needs.

Food Stamp changes:

Most families get more Food Stamps when they get less cash aid. Most families get less Food Stamps when they get more cash aid. You will get a separate notice if your Food Stamps change due to any other changes in the household income or circumstances.

If you need information about the MAP change, please call:

- toll-free 1-800-248-8068
- TDD for the hearing impaired 1-800-952-8349



New MAP Tables

These new MAP tables show how your cash aid may change. If your cash aid changes, you will get a separate Notice of Action (NOA) showing how your new grant is figured.

Lower MAPs for families that are not exempt:

Persons on aid	Old MAP	New MAP	Decrease in MAP
1	\$ 299	\$ 293	\$ 6
2	490	479	11
3	607	594	13
4	723	707	16
5	824	806	18
6	926	905	21
7	1017	994	23
8	1108	1083	25
9	1197	1170	27
10 or more	1286	1257	29

Higher MAPs for families that are exempt:

Persons on aid	Old MAP	New MAP	Increase in MAP
1	\$ 299	\$ 326	\$ 27
2	490	535	45
3	607	663	56
4	723	788	65
5	824	899	75
6	926	1010	84
7	1017	1109	92
8	1108	1209	101
9	1197	1306	109
10 or more	1286	1403	117

Don't ask for a state hearing about this change now. When you get your NOA, you will be able to ask for a state hearing.

La ley estatal cambia el MAP para las personas que reciben asistencia monetaria

A partir del 1º de junio de 1996, el Pago Máximo de Asistencia (MAP) para la mayoría de las familias se reducirá en un 2.3%. Las familias pueden compensar esta reducción trabajando unas cuantas horas al mes en un trabajo de salario mínimo.

Algunas familias están exentas de la reducción del 2.3% y recibirán un MAP más alto. (Vea la tabla a la derecha.) Las familias están exentas cuando cada uno de los padres o de las personas que cuidan a los niños que reciben la asistencia cumplen con al menos una de las siguientes condiciones:

- es una persona encargada del cuidado continuo de un familiar, no recibe asistencia ni tampoco es el padre o la madre
- está recibiendo Ingresos Suplementales de Seguridad/Programa Suplementario del Estado (SSI/SSP), o Servicios de Casa y Cuidado Personal (IHSS), o Indemnización Temporal del Programa de Compensación por Lesiones del Trabajo (TWC), o Indemnización Temporal por Incapacidad (TDI), o Seguro del Estado contra Incapacidad (SDI)
- se ha determinado que no puede trabajar debido a una enfermedad, lesión, o incapacidad
- es menor de 19 años de edad y participa en un programa a través del cual obtendrá un diploma de secundaria o un certificado de su equivalente

También reúnen los requisitos necesarios para un MAP más alto:

- las mujeres que reciben asistencia debido a un embarazo, si es que cumplen con una de las condiciones anteriores
- las familias que reciben Asistencia Monetaria para Refugiados (RCA), si es que cada uno de los adultos cumple con una de las condiciones anteriores

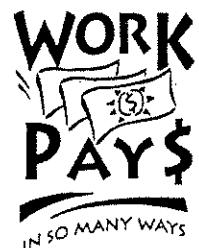
Si cada padre, madre o persona encargada del cuidado continuo de un familiar cumple con una de estas condiciones, por favor comuníquese a su trabajador. Si usted reúne los requisitos necesarios para un MAP más alto, y la asistencia monetaria es su única fuente de ingresos, es posible que usted pueda recibir más dinero para cumplir con las necesidades de su familia.

Cambios en la cantidad de estampillas para comida:

La mayoría de las familias reciben más estampillas para comida cuando reciben menos asistencia monetaria. La mayoría de las familias reciben menos estampillas para comida cuando reciben más asistencia monetaria. Usted recibirá una notificación por separado si hay un cambio en la cantidad de sus estampillas para comida a causa de cualquier otro cambio en los ingresos o las circunstancias de su grupo para fines de estampillas para comida.

Si necesita más información acerca del cambio en el MAP, por favor llame a:

- número de teléfono gratuito 1-800-248-8068
- TDD para las personas sordas 1-800-952-8349



Tablas de los nuevos MAPs

Estas tablas indican cómo su asistencia monetaria puede cambiar. Si su asistencia monetaria cambia, usted recibirá una Notificación de Acción (NOA) por separado en la cual se le indicará cómo se calcula su nuevo pago mensual.

MAPs más bajos para las familias que no están exentas:

Personas que reciben asistencia	MAP Antiguo	MAP Nuevo	Reducción en el MAP
1	\$ 299	\$ 293	\$ 6
2	490	479	11
3	607	594	13
4	723	707	16
5	824	806	18
6	926	905	21
7	1017	994	23
8	1108	1083	25
9	1197	1170	27
10 o más	1286	1257	29

MAPs más altos para las familias que están exentas:

Personas que reciben asistencia	MAP Antiguo	MAP Nuevo	Aumento en el MAP
1	\$ 299	\$ 326	\$ 27
2	490	535	45
3	607	663	56
4	723	788	65
5	824	899	75
6	926	1010	84
7	1017	1109	92
8	1108	1209	101
9	1197	1306	109
10 o más	1286	1403	117

Por ahora, no solicite una audiencia con el estado acerca de este cambio. Cuando reciba su NOA, usted podrá solicitar una audiencia con el estado.

ATTACHMENT 4

NOTICE OF ACTION (NOA) MESSAGES

The following NOA messages are attached:

M89-110 (2/96) - Exemptions to MAP Reductions: Change-Increase

The M89-110 message was developed to increase the monthly cash aid payment due to an exemption.

M89-110A (2/96) - Exemptions to MAP Reductions: Change-Decrease

The M89-110A message was developed to decrease the monthly cash aid payment when the AU does not meet an exemption.

M89-110B (3/96) - Exemptions to MAP Reductions: Denial

The M89-110B message was developed to deny an exemption request for the higher MAP.

T89-110 (2/96) - Implement MAP Exemptions: Change-Increase

The T89-110 temporary message was developed to implement current cases that are subject to the MAP increase.

T89-110A (2/96) - Implement MAP Reduction: Change-Decrease

The T89-110A temporary message was developed to implement current cases that are subject to the MAP decrease. This message was pre-formatted on the NA 200 form because of the special hearing address on the top right hand column.

INSTRUCTIONS FOR UPDATING THE AFDC NOA HANDBOOK

- o M89-110 (2/96) Insert into the AFDC NOA Handbook.
- o M89-110A (2/96) Insert into the AFDC NOA Handbook.
- o M89-110B (2/96) Insert into the AFDC NOA Handbook.
- o T89-110 (2/96) Do not index or file in the AFDC NOA Handbook.
- o T89-110A (2/96) Do not index or file in the AFDC NOA Handbook.

State of California
Department of Social Services

Noa Msg Doc No.: M89-110 Page 1 of 1
Action : Change - Increase
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 200
Original Date : 2/1/96, new
Revision Date :

MESSAGE:

As of _____ the County is changing your cash aid from \$_____ to \$_____.

Here's why:

You will get more cash aid because:

the only one in your household getting cash aid is a child living with an unaided, non-parent caretaker relative.

OR

the aided caretaker relative or both parents in the home get:

- o Supplemental Security Income/State Supplementary Program (SSI/SSP); AND/OR
- o In-Home Supportive Services(IHSS); AND/OR
- o Workers' Compensation Temporary Disability Indemnity (TDI); AND/OR
- o State Disability Insurance (SDI)

OR

the aided caretaker relative or both parents in the home are unable to work due to illness, injury or disability.

OR

the aided caretaker relative or both parents in the home are high school students under the age of 19.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use this message when increasing cash aid due to one of the valid exemptions. Enter the date the cash aid is changing and the old and new amounts.

file : pkian/MSERIES/ex.89110

State of California
Department of Social Services

Noa Msg Doc No.: M89-110A Page 1 of 1
Action : Change - Decrease
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 200
Original Date : 2/1/96, new
Revision Date :

MESSAGE:

As of _____ the County is changing your cash aid from \$_____ to \$_____.

Here's why:

You will get less cash aid because:

the aided caretaker relative or both parents in the home do not get:

- o Supplemental Security Income/State Supplementary Program (SSI/SSP); AND/OR
- o In-Home Supportive Services (IHSS); AND/OR
- o Workers' Compensation Temporary Disability Indemnity (TDI); AND/OR
- o State Disability Insurance (SDI)

OR

the aided caretaker relative or both parents in the home are not:

- o unable to work due to illness, injury or disability.
- o high school students under the age of 19.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use this message when decreasing cash aid when the AU does not meet one of the valid exemptions. Enter the date the cash aid is changing and the old and new amounts.

file : pkian/MSERIES/ex.89110a

State of California
Department of Social Services

Noa Msg Doc No.: M89-110B Page 1 of 1
Action : Deny
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 290
Original Date : 3/1/96, new
Revision Date :

MESSAGE:

The County has denied your request for an exemption from the lower cash aid level.

Here's why:

Your assistance unit does not meet any of the following:

The aided caretaker relative or both parents in the home do not get:

- o Supplemental Security Income/State Supplementary Program (SSI/SSP); AND/OR
- o In-Home Supportive Services (IHSS); AND/OR
- o Workers' Compensation Temporary Disability Indemnity (TDI); AND/OR
- o State Disability Insurance (SDI)

OR

The aided caretaker relative or both parents in the home are not:

- o unable to work due to illness, injury or disability.
- o high school students under the age of 19.

You will get another notice about your regular cash aid.

INSTRUCTIONS: Use this message to deny a request for higher MAP when the AU does not meet one of the valid exemptions.

file : pkian/MSERIES/ex.89110b

State of California
Department of Social Services

Noa Msg Doc No.: T89-110 Page 1 of 1
Action : Change - Increase
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 200
Original Date : 2/1/96, new
Revision Date :

MESSAGE:

As of _____ the County is changing your cash aid from \$_____ to \$_____.

Here's why:

As of June 1, 1996, State Law will raise the Maximum Aid that you can get by 9.13 percent.

This change may lower your Food Stamps.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use this temporary message to increase the grant when implementing current cases that are subject to the MAP increase.

file : pkian/TSERIES/ex.t89110

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date :	_____
Case Name :	_____
Number Worker Name :	_____
Number :	_____
Telephone:	_____
Address :	_____

(ADDRESSEE)



As of _____ the County is changing your cash aid from \$ _____ to \$ _____.

Here's why:

As of June 1, 1996, a change in State Law will lower the Maximum Aid that you can get by 2.3 percent.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

TDD for hearing impaired:

1-800-952-8349

If you want a State Hearing on the 2.3 percent drop in aid, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

If you think there is a mistake in your cash aid or if you have problems besides the 2.3 percent drop in aid, you may want to file a State Hearing.

Your new cash aid amount is figured on this notice.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

If you want a hearing, send your request to:

State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814

rather than to the address on the back. This will allow quicker handling of your appeal.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income.....	\$	_____
Work Expense Disregard.....	-	_____
\$30 and 1/3 Disregard.....	-	_____
Dependent Care Disregard.....	-	_____
Other Countable Income -- Sources:		
	+	_____
	+	_____
Court Ordered Support You Paid.....	-	_____
Net Countable Income.....	=	_____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons	\$	_____
2. Special Needs	+	_____
3. Net Countable Income from Section A	-	_____
4. Basic Need Subtotal.....	=	_____
5. Maximum Aid, _____ Persons	\$	_____
6. Special Needs	+	_____
7. Maximum Aid Subtotal	=	_____
8. Full Month Aid Subtotal (Lower Amount on Line 4 or 7)	=	_____
9. Line 8 Prorated for Part of Month	=	_____
10. Adjustments: Collect Overpayment	-	_____
10a. Cal-Learn Penalty	-	_____
10b. Cal-Learn Bonus	+	_____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	=	_____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315; 89-110

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador :	_____
Número	_____
Teléfono	_____
Dirección	_____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la parte de atrás de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del _____ el condado cambiará su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

Usted recibirá más asistencia monetaria porque:

la única persona de su hogar que recibe asistencia monetaria es un menor que vive con un familiar encargado de su cuidado, el cual no recibe asistencia ni es el padre/la madre.

O

el familiar encargado del cuidado, el cual recibe asistencia, o los padres del hogar reciben:

- Ingresos Suplementales de Seguridad/Programa Suplementario del Estado (SSI/SSP); Y/O
- Servicios de Casa y Cuidado Personal (IHSS); Y/O
- Indemnización Temporal por Incapacidad (TDI) a través del Programa de Compensación por Lesiones de Trabajo ; Y/O
- Seguro del Estado contra Incapacidad (SDI)

O

el familiar encargado del cuidado, el cual recibe asistencia, o los padres del hogar no pueden trabajar debido a una enfermedad, lesión o discapacidad/incapacidad.

O

el familiar encargado del cuidado, el cual recibe asistencia, o los padres del hogar son estudiantes de la escuela secundaria y tienen menos de 19 años de edad.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Medi-Cal: Esta Notificación de Acción NO cambia ni descontinúa sus beneficios de Medi-Cal. **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas. Las siguientes reglas, las cuales puede revisar en la oficina de bienestar, son pertinentes: MPP 89-110.2, 44-315.311

Cantidad de la asistencia monetaria mensual

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados.....	\$ _____
Deducción por gastos de trabajo.....	- _____
Deducción de \$30 y 1/3.....	- _____
Deducción por cuidado de personas a su cargo ...	- _____
Otros ingresos contables (enumere las fuentes):	_____ + _____
	_____ + _____

Mantenimiento ordenado por la corte que Ud. pagó	- _____
Ingresos netos contables	= _____

Sección B. Su asist. monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales..... + _____

3. Ingresos netos contables de la Sección A..... - _____
4. Subtotal de necesidades básicas..... = _____

5. Asistencia máxima, _____ personas.... \$ _____
6. Necesidades especiales..... + _____

7. Subtotal de asistencia máxima..... = _____
8. Subtotal de asist. del mes completo

(Cant. menor del renglón 4 ó 7) = _____

9. Renglón 8 prorrataeado para parte del mes = _____

10. Ajustes: para cobrar un pago excesivo - _____

- 10a. por una sanción de Cal-Learn - _____

- 10b. por una cantidad adicional de Cal-Learn... + _____

11. Cant. de la asistencia monetaria mensual
(Renglón 8 ó 9 ajustado) = _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	:
Nombre del trabajador	_____
Número	:
Teléfono	_____
Dirección	_____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.



Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la parte de atrás de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del _____ el condado cambiará su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

Usted recibirá menos asistencia monetaria porque:

el familiar encargado del cuidado, el cual recibe asistencia, o los padres no reciben:

- Ingresos Suplementales de Seguridad/Programa Suplementario del Estado (SSI/SSP); Y/O
- Servicios de Casa y Cuidado Personal (IHSS); Y/O
- Indemnización Temporal por Incapacidad (TDI) a través del Programa de Compensación por Lesiones de Trabajo ; Y/O
- Seguro del Estado contra Incapacidad (SDI)

O

el familiar encargado del cuidado, el cual recibe asistencia, o los padres del hogar no reúnen ninguno de estos requisitos:

- no pueden trabajar debido a una enfermedad, lesión o discapacidad/incapacidad.
- son estudiantes de la escuela secundaria y tienen menos de 19 años de edad.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Medi-Cal: Esta Notificación de Acción NO cambia ni descontinúa sus beneficios de Medi-Cal. **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas. Las siguientes reglas, las cuales puede revisar en la oficina de bienestar, son pertinentes: MPP 89-110.2, 44-315.311

Cantidad de la asistencia monetaria mensual

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados \$ _____
Deducción por gastos de trabajo - _____
Deducción de \$30 y 1/3 - _____
Deducción por cuidado de personas a su cargo ... - _____
Otros ingresos contables (enumere las fuentes):
_____ + _____
_____ + _____
Mantenimiento ordenado por la corte que Ud. pagó - _____

Ingresos netos contables = _____

Sección B. Su asist. monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales + _____
3. Ingresos netos contables de la Sección A..... - _____
4. Subtotal de necesidades básicas = _____

5. Asistencia máxima, _____ personas.... \$ _____
6. Necesidades especiales + _____
7. Subtotal de asistencia máxima..... = _____
8. **Subtotal de asist. del mes completo**

- (Cant. menor del renglón 4 ó 7) = _____
9. Renglón 8 prorrteado para parte del mes = _____
10. Ajustes: para cobrar un pago excesivo - _____
10a. por una sanción de Cal-Learn - _____
10b. por una cantidad adicional de Cal-Learn.... + _____

11. **Cant. de la asistencia monetaria mensual**

(Renglón 8 ó 9 ajustado) = _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador :	_____
Número	_____
Teléfono	_____
Dirección	_____

(ADDRESSEE)

A partir del _____ el condado cambiará su asistencia monetaria de \$_____ a \$_____.

La razón es la siguiente:

A partir del 1º de junio de 1996, las leyes del estado aumentarán la asistencia máxima que usted puede recibir un 9.13 por ciento.

Es posible que este cambio reduzca sus estampillas para comida.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la parte de atrás de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Si usted quiere una audiencia, envíe su petición a:

State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814

en vez de enviarla a la dirección que aparece en la parte de atrás. Esto permitirá que su petición se tramite más rápidamente.

Cantidad de la asistencia monetaria mensual

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados.....\$ _____
Deducción por gastos de trabajo.....- _____
Deducción de \$30 y 1/3.....- _____
Deducción por cuidado de personas a su cargo... - _____
Otros ingresos contables (enumere las fuentes):
_____ + _____
_____ + _____

Mantenimiento ordenado por la corte que Ud. pagó - _____

Ingresos netos contables= _____

Sección B. Su asist. monetaria del mes de _____

1. Necesidades básicas, _____ personas ... \$ _____
2. Necesidades especiales.....+ _____
3. Ingresos netos contables de la Sección A.....- _____
4. Subtotal de necesidades básicas= _____

5. Asistencia máxima, _____ personas.... \$ _____
6. Necesidades especiales.....+ _____
7. Subtotal de asistencia máxima.....= _____
8. **Subtotal de asist. del mes completo**
(Cant. menor del renglón 4 ó 7)= _____
9. Renglón 8 prorratoado para parte del mes = _____
10. Ajustes: para cobrar un pago excesivo- _____
- 10a. por una sanción de Cal-Learn- _____
- 10b. por una cantidad adicional de Cal-Learn....+ _____
11. **Cant. de la asistencia monetaria mensual**
(Renglón 8 ó 9 ajustado)= _____

Medi-Cal: Esta Notificación de Acción NO cambia ni descontinúa sus beneficios de Medi-Cal. **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas. Las siguientes reglas, las cuales puede revisar en la oficina de bienestar, son pertinentes: MPP 89-110.2, 44-315.311

NOTIFICACION DE ACCIÓN

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador	_____
Número	_____
Teléfono	_____
Dirección	_____

(ADDRESSEE)



A partir del _____ el condado cambiará su asistencia monetaria de \$_____ a \$_____.

La razón es la siguiente:

A partir del 1º de junio de 1996, un cambio en las leyes del estado reducirá la asistencia máxima que usted puede recibir un 2.3 por ciento.

Si quiere saber más acerca de este cambio de las leyes del estado, puede llamar gratuitamente al:

1-800-248-8068

Las personas sordas que usan equipo de TDD pueden llamar al:

1-800-952-8349

Si quiere una audiencia con el estado en relación a la reducción del 2.3 por ciento de la asistencia, usted necesita estar enterado de que el juez que presida su caso no podrá incrementar su asistencia si la única queja o el único problema de usted es el cambio mismo de la ley.

Si cree que se ha cometido un error en relación a su asistencia monetaria, o si tiene otros problemas además de la reducción del 2.3 por ciento de la asistencia, quizás quiera presentar una petición para una audiencia con el estado.

En esta notificación se calcula su nueva cantidad de asistencia monetaria.

Medi-Cal: Esta Notificación de Acción NO cambia ni descontinúa sus beneficios de Medi-Cal. **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas. Las siguientes reglas, las cuales puede revisar en la oficina de bienestar, son pertinentes: MPP 89-110.2, 44-315.311

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la parte de atrás de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Si usted quiere una audiencia, envíe su petición a:

State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814

en vez de enviarla a la dirección que aparece en la parte de atrás. Esto permitirá que su petición se tramite más rápidamente.

Cantidad de la asistencia monetaria mensual

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados.....	\$	_____
Deducción por gastos de trabajo.....	-	_____
Deducción de \$30 y 1/3.....	-	_____
Deducción por cuidado de personas a su cargo ...	-	_____
Otros ingresos contables (enumere las fuentes): _____ + _____ _____ + _____		_____
Mantenimiento ordenado por la corte que Ud. pagó -	_____	_____
Ingresos netos contables	=	_____

Sección B. Su asist. monetaria del mes de _____

1. Necesidades básicas, _____ personas ...	\$	_____
2. Necesidades especiales.....	+	_____
3. Ingresos netos contables de la Sección A.....	-	_____
4. Subtotal de necesidades básicas	=	_____
5. Asistencia máxima, _____ personas....	\$	_____
6. Necesidades especiales.....	+	_____
7. Subtotal de asistencia máxima.....	=	_____
8. Subtotal de asist. del mes completo (Cant. menor del renglón 4 ó 7)	=	_____
9. Renglón 8 prorrteado para parte del mes =	_____	_____
10. Ajustes: para cobrar un pago excesivo	-	_____
10a. por una sanción de Cal-Learn.....	-	_____
10b. por una cantidad adicional de Cal-Learn....	+	_____
11. Cant. de la asistencia monetaria mensual (Renglón 8 ó 9 ajustado)	=	_____

ATTACHMENT 5 - Summary of Cash Aid Changes

MBSAC/MAP STANDARDS EFFECTIVE 06/01/96						
# in AU	185% of MBSAC	MBSAC*	MAP		80% of MAP	
			Non Exempt	Exempt	Non Exempt	Exempt
1	662	358	293	326	234	260
2	1087	588	479	535	383	428
3	1350	730	594	663	475	530
4	1602	866	707	788	565	630
5	1827	988	806	899	644	719
6	2055	1111	905	1010	724	808
7	2257	1220	994	1109	795	887
8	2458	1329	1083	1209	866	967
9	2665	1441	1170	1306	936	1044
10 or more*	2895	1565	1257	1403	1005	1122

MBSAC/MAP STANDARDS FOR CWPDP CONTROL GROUP**				
# in AU	185% of MBSAC	MBSAC*	MAP	80% of MAP
1	638	345	326	260
2	1048	567	535	428
3	1300	703	663	530
4	1542	834	788	630
5	1761	952	899	719
6	1979	1070	1010	808
7	2173	1175	1109	887
8	2369	1281	1209	967
9	2567	1388	1306	1044
10 or more*	2789	1508	1403	1122

* For MBSAC add fourteen dollars (\$14) for each additional needy person.

** Applies to recipients designated as CWPDP Control Group participants in Alameda, Los Angeles, San Bernardino and San Joaquin Counties (see Section 89-101.2).